

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Karlheinz WINTER et al.

Application No. 10/690,498

Filed: October 23, 2003

For: **EXTRUSION OF PEROXIDE
CROSSLINKABLE POLYMER
PARTS**



Art Unit: 1732

Examiner: Mark EASHOO

Confirmation No.: 6037

Atty. Docket No. 32128-187212 RK

Customer No.

26694

PATENT TRADEMARK OFFICE

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to the requirement for restriction in the Office Action mailed on February 9, 2006, Applicants hereby elect, without traverse, Group I containing Claims 1-17 drawn to a process of forming a cross-linked polymeric extrudate. Further examination of these claims is respectfully requested.

Respectfully submitted,

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Date: March 9, 2006

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| | | Application Number | 10/690,498 |
| | | Filing Date | October 23, 2003 |
| | | First Named Inventor | Karlheinz WINTER et al. |
| | | Examiner Name | Mark EASHOO |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1732 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 0.00 |
| | | Attorney Docket No. | 32128-187212 RK |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 22-0261 | | Deposit Account Name: Venable LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | | |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|----------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 20 = _____ | x _____ | = _____ | |

| | |
|--------------------------------------|-------|
| <u>Multiple Dependent Claims</u> | |
| <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | |
| _____ | _____ |

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 3 = _____ | x _____ | = _____ | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---------------------------------------------------------|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 100 = _____ | /50 | _____ (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

| | | | |
|---------------------|----------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 26,924 |
| Name (Print/Type) | Robert Kinberg | Telephone | (202) 344-4000 |
| | | Date | March 9, 2006 |

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